

REQUEST FOR POSITION ACTION FORM INSTRUCTIONS

PLEASE PRINT OR TYPE ALL THE INFORMATION.

- 1 . Position - Use the full position name. Use one form for each individual position requesting.
- 2 . Position Number
- 3 . Earn Code - Will be filled in by position control technician.
- 4 . Pay Plan - Refers to the pay plan's grade and days for that position.
- 5 . Person being replaced - Requires the name and social security number of the person being replaced.
- 6 . Effective Date - The date on which the position will be available.
- 7 . Reason - Requires you to circle the action creating the vacancy.
- 8 . Budget Distribution - Requires the account number(s) from which the position will be paid.
- 9 . Justification - A brief statement of justification should be made if deemed necessary.
- 10 . Board Approval Date - Requires the date the Board approved the position, if the position had not originally been approved with the new school year budget.
- 11 . Signatures - Required are the signatures of the department director/or authorized campus administrator to originate the form prior to submitting to the Human Resource Department. The additional signatures will be gathered by the department. (Only an original form should be submitted to the Human Resources Department.)